

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 19/04/2022 16:29 (SGT)
Date of Accident 15/04/2022 19:30 (SGT)
Exact Location of Accident Still Rd S, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL6655J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ABS LEASING SERVICES PTE LTD
Company Reg No 2XXXXX528D
Email Address john.pyj@hotmail.com
Mobile Phone No (Phone) +65-92966056
Alternative Phone No +65-86065797

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2754

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number DMCVSNW00007702200
Cover Note Number -

DRIVER

Name of Driver UMMU ZULAIKHA BINTI KAMARUDIN
NRIC No SXXXX313A

Date Of Birth	03/04/1993
Occupation	Outdoor
Date Of Driving Pass	15/04/2014
Driving experience	8 YEARS
Gender	Female
Mobile Number	(Phone) +65-86065797
Alt. Phone Number	-
Email Address	john.pyj@hotmail.com
Address	BLK 326C SUMANG WALK #02-956
Address complement	-
Postcode	823326
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHAKIR
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH6330L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT NOTICE

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

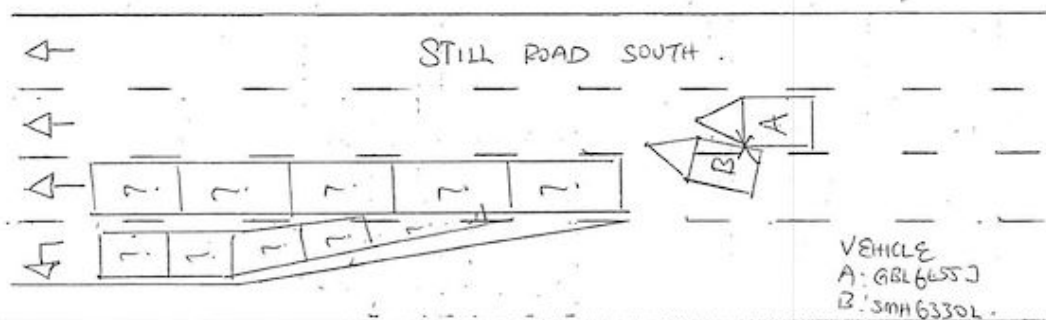
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan























ABS LEASING SERVICES PTE LTD

WIN 5, 15 Yishun Industrial Street 1 #01-02, Singapore 768091

TEL : 6259 6590 FAX : 6933 9399 Email: enquiry@absleasing.com.sg

UEN No. 201819528D

RENTAL AGREEMENT

No. A22010008

Date: 05 Jan 2022

VEHICLE DESCRIPTION

Vehicle No. : GBL665J
 Make : TOYOTA
 Model : HIACE 2.0 DX AT
 Fuel type : Petrol

HIRER PARTICULARS

Name : UMMU ZULAIKHA BINTI KAMARUDIN
 Co Reg No./ NRIC : S9312313A
 Address : BLK 326C SUMANG WALK #02-956 Singapore 823326
 Fax :
 Contact Person : UMMU ZULAIKHA BINTI KAMARUDIN
 NRIC : S9312313A
 Tel : 86065797
 Email :

MAIN DRIVER PARTICULARS

Name : UMMU ZULAIKHA BINTI KAMARUDIN
 NRIC/FIN/Passport No : S9312313A

This Agreement constitutes the entire agreement between the Parties with respect to the subject matter hereof, and may be amended only by the written agreement of the Parties.

IN WITNESS WHEREOF, the parties hereby enter into this Agreement as of the date first above written

RENTAL DETAIL

Rental Start Date & Time : 05 Jan 2022 | 1630
 Rental End Date & Time : 04 Jul 2022 | 1630
 Rental Period : 6 months
 Rental Per Month (excl. GST) : S\$ 1,300.00
 Rental Per Month (incl. GST) : S\$ 1,391.00

PAYMENT

Payment on :
 Insurance Premium (for ABSL arranged Insurance) : CHINA TAIPING

PAYMENT

Deposit : S\$ 1,300.00
 Upfront Rental : S\$ 1,391.00 (cash)
 Total Rental Fee (to be paid on signing of Agreement) : S\$ 2,691.00

IMPORTANT NOTE

Rental Fee is to be fully paid within 3 days from the date of our invoice.
 Hirer to ensure pumping correct FUEL TYPE listed above.
 Hirer to conduct proper checks on the vehicle while using such as sufficient engine oil and coolant water etc.
 Any unusual discovery of warning lights in the vehicle, Hirer are to consult ABSL for further assistance.

Signed by and on behalf of
 ABS Leasing Services Pte Ltd
 Position :
 Name : Lai
 Date :



Signed by and on behalf of
 Position :
 Name : UMMU ZULAIKHA BINTI KAMARUDIN
 NRIC : S9312313A
 Date :

